

## DISABILITY AWARENESS CAMPAIGN AWARDS



**Award Description:** This award recognizes one individual and one group or organization who has organized an exemplary Disability Awareness campaign which has changed attitudes and enhanced the perception of the value and contributions of people with disabilities.

**Eligibility and Selection:** All community, business, or school Disability Awareness campaigns that occurred during March are eligible for submission. Nominees can be an individual, group or organization.

The Council will select up to two winners based on the criteria established for the award.

**Criteria:** Candidates considered for this award will be judged for their success in using campaign materials provided by the Council, as well as other resources, to organize a Disability Awareness campaign according to the following criteria:

- (a) **Involvement:** Candidate will have developed, organized, and implemented activities to benefit people in terms of knowledge, attitudes, values, skills, or mutual understanding and cooperation.
- (b) **Collaboration:** Candidate will have developed cooperative relationships and linkage with other individuals, organizations, and/or community groups.
- (c) **Originality:** This category challenges candidates to develop activities that are new and exciting in ways that will draw community interest and participation of the target audience.
- (d) **Public Relations/Outreach:** Awareness activities and events are published in the news or other media channels.

## APPLICATION GUIDELINES

Submissions for the **Disability Awareness Campaign Awards** should contain information about the overall Disability Awareness campaign and the campaign activities that were conducted. Information should also include the leadership role of the candidate. **Self-nominations are encouraged.**

**Please include the following additional information in the submission:**

- (a) **Cover Sheet:** Complete the enclosed nomination cover sheet and attach additional information corresponding to the items below.
- (b) **Overview Narrative:** Provide a summary of why the individual, group or organization deserves the award.
- (c) **Program Description:** Provide information on activities conducted, target audience, number of participants, goals and outcomes, and the role of the nominee.
- (d) **Collaboration:** List other organizations, individuals or groups who assisted and describe their contributions or roles.
- (e) **Outreach:** Explain outreach that was conducted to reach the target audience and media coverage (if applicable).
- (f) **History/Future:** Explain the history and future of the campaign. Was this a first time effort? If so, describe how the nominee got started, barriers overcome, and plans for future activities. If it is an annual event, describe the nominee's historical role, when it began, and how the activities have changed or grown over time.
- (g) **Supportive Documentation:** Letters of endorsement from groups or representatives of organizations who assisted with or attended the event/activities, photos, and newspaper articles/media clips where available.



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# NOMINATION COVER SHEET

**Application Deadline is Friday, August 20, 2010.**

## AWARDS AND RECOGNITION

Award recipients will be recognized at the Council's Annual Conference for People with Disabilities during an awards luncheon on Wednesday, December 6, 2010 at the Hyatt Regency in downtown Indianapolis.

Award recipients and one guest will be offered a scholarship to attend the full conference on December 6<sup>th</sup> and 7<sup>th</sup>. The scholarship includes registration fees, parking, and double occupancy overnight hotel accommodations for award recipients living outside of the Indianapolis area.

## Candidate Information

Candidate: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: IN Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Individual Submitting Nomination

Candidate: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: IN Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Does the candidate know you are nominating them? ☐ Yes ☐ No

## Award Category (Please check appropriate box)

☐ Individual or Family

☐ Group or Organization

## Instructions

Attach additional information listed under the application guidelines and submit to:

### COMMUNITY SPIRIT AWARDS

c/o Governor's Council for People with Disabilities

150 W. Market St, Suite 628

Indianapolis, IN 46204-2821

Or e-mail to: [bwade@gpcpd.org](mailto:bwade@gpcpd.org)

317-232-7770 (phone)

317-233-3712 (fax)

Guidelines and nomination cover sheets are also available on line at:

[www.in.gov/gpcpd](http://www.in.gov/gpcpd)

Alternative formats are available on request